

GRANTEE: **Native American Health Center, Inc.**

PROGRAM TITLE: Strong Families Tribal Home Visiting Project

PROJECT PERIOD: Cohort 2 (July 1, 2011 to June 30, 2016)

KEY GRANTEE PROGRAM STAFF

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GOAL OF THE PROGRAM

The Strong Families Tribal Home Visiting Project will use the Family Spirit curriculum in an urban American Indian and Alaska Native (AI/AN) community to provide: culturally appropriate prenatal and early childhood education; integrated care coordination; support for mother, caregiver, and child wellness; referrals for medical and substance abuse services; and support for community events. The project will promote healthy childhood development, and child and caregiver life skills.

COMMUNITY CONTEXT FOR THE PROGRAM

State:	California
Rural or Urban/Reservation or Non-Reservation:	Urban Non-Reservation
Description of Service Area:	Native American Health Center, Inc. will implement services in homes, clinical spaces, institutions, and community centers across Alameda County, located in California's San Francisco Bay Area. This area hosts one of the largest and most diverse urban AI/AN populations in the United States, with over 200 tribes represented. AI/ANs comprise 1.2 percent of Alameda County's population. Native American Health Center, Inc. will provide perinatal and post-partum services in the Fruitvale neighborhood of Oakland.
Births Per Year:	The AI/AN birth rate in Alameda County for 2009–2010 was 698.
Children Ages Birth to 5 Years in Target Community:	The population of AI/AN children in Alameda County ages birth to 5 increased from 1,771 in 2000 to 2,142 in 2010.
Unique Characteristics of Target Community:	AI/ANs from various tribes began migrating in significant numbers from reservations to major urban areas during the 1950s under the Bureau of Indian Affairs Relocation Program. This has created unique identity and acculturation experiences for urban AI/ANs, such as those served by Native American Health Center, Inc. These experiences include increased inter-tribal or inter-racial marriages and offspring, isolation from tribal-specific practices, and invisibility to non-Indians.

COMMUNITY CONTEXT FOR THE PROGRAM (continued)

Unique Characteristics of Target Community:	Urban Indian people have adopted customs from other cultures as coping strategies while maintaining many of their native values and traditions.
Key Community Partners:	<ul style="list-style-type: none"> American Indian Child Resource Center (AICRC) Intertribal Friendship House Washoe & Scott's Valley Temporary Assistance for Needy Families Alameda County First Five Friendship House Highland Hospital
Primary Risk Factors in Targeted Community:	The primary risk factors in the target community include crime, community violence, illegal drug trade, human exploitation, unemployment, poverty, and homelessness. The public health, education, and social service systems are characterized as under-funded and overly bureaucratic.

PROGRAM DELIVERY CONTEXT

Organization Type Administering the Program:	Native American Health Center, Inc. is an urban, nonprofit health organization.
Implementing Agency:	Native American Health Center, Inc. Community Wellness Department
Target Population:	The target population includes AI/ANs who are: pregnant (teens and adults), parents, or caregivers of AI/AN children ages birth to 3 living in Alameda County.
Target and Actual Numbers Served:	The program aims to serve 40 families per year. Twenty-six families have been served to date.

HOME VISITING MODEL SELECTED

The home visiting model selected for the Strong Families Tribal Home Visiting Project is Family Spirit. The National Indian Child Welfare Association's (NICWA) Positive Indian Parenting (PIP) curriculum will be used to augment and enhance Family Spirit.

KEY MODEL ADAPTATIONS OR ENHANCEMENTS

The Strong Families Tribal Home Visiting Project will adapt the Family Spirit model to suit their urban, intertribal community. The combination of Family Spirit with PIP curriculum will facilitate a strengths-based approach. Home visitors will have opportunities to build rapport and discuss parenting experiences and family concerns. In an effort to increase the strength of the perinatal health portion of Family Spirit, Alameda County's Comprehensive Perinatal Services Program Patient Informational will provide handouts on perinatal health, sexually transmitted infection prevention, and other health topics. These materials and outreach will serve to enhance the Family Spirit model.



DESCRIPTION OF EARLY CHILDHOOD SYSTEM

Alameda County has many early childhood resources, including child care referrals, early learning options, and mental health services for families. The Hintil Kuu Ca preschool program is specifically available for AI/AN children.

Additionally, more than 100 Head Start/Early Head Start locations are available to Alameda County families. Head Start programs in the targeted service area have established links with school districts. This networking helps ensure a smooth transition from early childhood education programs to elementary education. Bananas and Child Care Links are the 2 main child care referral programs. The American Indian Child Resource Center and the Indigenous Nations Child and Family Agency offer Indian child welfare advocacy in Alameda County.

EVALUATION APPROACH

Evaluation Question

Do families that receive the Positive Indian Parenting (PIP) intervention in addition to the Family Spirit curriculum increase their parenting self-efficacy, responsivity scores, and cultural connections compared with parents receiving only the Family Spirit curriculum?

Evaluation Design

Participants will be randomly assigned to the intervention or comparison group. The intervention group will receive the PIP in-home curriculum alternating weekly with the Family Spirit curriculum. The comparison group will receive only the Family Spirit curriculum during the evaluation period. Participants are tracked for one year of participation. After the first year of participation, comparison participants will be able to receive the PIP curriculum. The randomization strategy will be reviewed and approved by the Strong Families Home Visiting Community Advisory Board.

KEY FEDERAL AND TECHNICAL ASSISTANCE (TA) STAFF:

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